

MEDICAL RELEASE

I give my child permission to take part in children's events being sponsored by Del Cerro Baptist Church from: September 2011 through September 2012

. In the event that he or she is injured while participating, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any licensed medical staff under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the current license to operate a hospital from the State of California Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable.

It is understood that effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I understand the nature of this event and do hereby release Del Cerro Baptist Church, its staff and representatives, from any liability for accidents or injury sustained by my child in conjunction with this event.

Signature of Parent/guardian _____ Date _____

Address _____ City, State, Zip _____

PERSONAL INFORMATION

Child's Full Name: _____

Phone: _____ D.O.B.: _____ Sex: _____

Address _____ City, State, Zip _____

In Case of Emergency Notify:

Mother: _____ Home: _____ Cell/Work: _____

Father: _____ Home: _____ Cell/Work: _____

Other: _____ Home: _____ Cell/Work: _____

List any special physical problems of which we should be aware (allergies, etc.), explain: _____

List any medications taken on a regular basis and dosage: _____

_____ Date of Last Tetanus Shot: _____ Blood Type: _____

Physician: _____ Phone: _____

Insurance Co: _____ Policy #: _____

Address of Insurance Co: _____ Phone # of Ins. Co. _____

INTERNET RELEASE: I grant permission to use my child's photo on the church website

_____ Signature of Parent or Guardian

Directions to Del Cerro Baptist Church

From I-8 exit Lake Murray Blvd. which will circle right and back over the freeway. At the first traffic signal on Lake Murray Blvd., turn left on to Wisconsin/Connecticut Avenue (Shell gas station on the left corner). Continue on Wisconsin to Arizona...bend to the right on Arizona. Continue on Arizona to Pennsylvania Lane and turn right. The church is one block on the left at 5512 Pennsylvania Lane, La Mesa. For more information call 619-460-2210 or visit www.dcbc.org.